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TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$665 \$0 \$665 09/02/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS AMARI, ALESSANDRO V 2872 359-463000 CAMPBELL. 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or STEPHENSON ASCOLESE LLP  $\ensuremath{\square}$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. 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